

For office use ONLY: Ref No: \_\_\_\_\_ Date Entered: \_\_\_\_\_

## ENDOW URBANDALE GRANT APPLICATION

### Section 1: Contact Information

Organization:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Contact Name:

\_\_\_\_\_

Email:

\_\_\_\_\_

Title: \_\_\_\_\_

Mailing address for award:

*(If different from organization address.)*

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list your website URL and any social media platforms, i.e., Facebook, Instagram, Twitter:

Website: \_\_\_\_\_

Facebook @ \_\_\_\_\_

Instagram @ \_\_\_\_\_

Twitter @ \_\_\_\_\_

LinkedIn @ \_\_\_\_\_

Other: \_\_\_\_\_

## Section 2: Organization Information

Federal Tax Identification Number: \_\_\_\_\_

**Internal Revenue Service Designation:**

Is your organization a 501(c)(3)?

YES     NO    **Other, Please specify**

## Board Information

Frequency of Organization's Meetings: \_\_\_\_\_

**Name(s) of the Organization's Officers and Board of Directors:**

**Mailing address for Organization's Officers and Board of Directors** *(If different from organization address.)*

1.) \_\_\_\_\_

\_\_\_\_\_

2.) \_\_\_\_\_

\_\_\_\_\_

3.) \_\_\_\_\_

\_\_\_\_\_

4.) \_\_\_\_\_

\_\_\_\_\_

5.) \_\_\_\_\_

\_\_\_\_\_

6.) \_\_\_\_\_

\_\_\_\_\_

7.) \_\_\_\_\_

\_\_\_\_\_

8.) \_\_\_\_\_

\_\_\_\_\_

9.) \_\_\_\_\_

\_\_\_\_\_

10.) \_\_\_\_\_

\_\_\_\_\_

## Section 3: Grant Information

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1. Organization mission statement:
  
2. Describe the project/program for which support is requested:
  
3. Describe how and when the funds will be used:
  
4. State the amount requested: \_\_\_\_\_
  
5. Describe the goal of the project/program and the target beneficiaries:
  
6. If selected for a grant, how will your organization promote Endow Urbandale:
  
7. Describe the importance to the success of the project/program of receiving an Endow Urbandale grant at this time: *(critically of need)*

## Section 4: Budget

### 9. Provide a basic budget for the project/program:

*(For projects, provide budget information for the term of the project; for on-going programs, provide budget information for the current fiscal year.)*

#### Expenditures:

##### Salaries and benefits:

\$ \_\_\_\_\_ % of budget

##### Administrative Expenses:

\$ \_\_\_\_\_ % of budget

##### Fundraising expenditures:

\$ \_\_\_\_\_ % of budget

##### Amount expended directly on participants:

\$ \_\_\_\_\_ % of budget

##### Equipment/furnishings:

\$ \_\_\_\_\_ % of budget

##### Capital infrastructure expenditures:

\$ \_\_\_\_\_ % of budget

Other: \_\_\_\_\_

\$ \_\_\_\_\_ % of budget

##### Total anticipated expenditures:

\$ \_\_\_\_\_ **100** % of budget

#### Revenues:

##### Governmental Assistance:

\$ \_\_\_\_\_ % of budget

##### Other Public Contributors:

\$ \_\_\_\_\_ % of budget

##### Private Contributors:

\$ \_\_\_\_\_ % of budget

##### Individual Donations:

\$ \_\_\_\_\_ % of budget

##### Fundraising Activities:

\$ \_\_\_\_\_ % of budget

Other: \_\_\_\_\_

\$ \_\_\_\_\_ % of budget

##### Total anticipated revenues:

\$ \_\_\_\_\_ **100** % of budget

Please attach page one of your most recently filed Form 990, 990N or 990 F2 and your balance sheet listing the value of all current assets and liabilities as of the most recent month-end or quarter-end preceding the date of this application. Other information/documents may be attached as needed.

If you are awarded a grant you will be expected to provide a follow-up report to Endow Urbandale upon completion of the project/program.  
**PLEASE SUBMIT YOUR APPLICATION TO: ENDOW URBANDALE | PO BOX 42201 | URBANDALE, IA 50323**  
 or e-mail to [shl@nyemaster.com](mailto:shl@nyemaster.com)